Washington State COLLABORATIVE Participants

Benton County
KGH Northwest Practice Management, Kennewick
Leslie Canyon Family Medicine, Richland

Chelan County
Central Washington Hospital Internal Medical Clinic
Central Washington Hospital Family Physicians
Columbia Valley Community Health Centers
Wenatchee Valley Clinic

Clallam County
Lower Elwha Klallam Tribe

Clark County
Family Medicine of SW Washington
Family Wellness Center
The Vancouver Clinic

Columbia County
Columbia Family Clinic, Dayton

Garfield County
Pomeroy Medical Clinic, Garfield County Public Hospital District

Grant County
Columbia Basin Family Medicine
Moses Lake Community Health Center

Grays Harbor County
Roger Saux Health Center
The Clinic at Elma
Peninsula Community Health Center

Island County
Tricare Region 11:
Oak Harbor Naval Hospital

King County
Auburn Family Medical Center
Bellevue Family Practice/ Associated Healthcare Consultants
Community Health Centers-King County: Auburn, Federal Way, Renton, Eastside, Bothell
Evergreen Healthcare/ Evergreen Medical Group
Harborview Medical Center/ University of Washington
Lakeshore Clinic
Multicare Covington Clinic
Northwest Physician Network
Pacific Medical Center: Renton, Lynnwood, Northgate
Public Health Seattle & King County North
Highline Medical Group: Roxbury
Family Healthcare, Vashon Health Center
SeaMar Community Health Centers, Seattle
Snoqualmie Tribe North Bend Family Clinic
Swedish Physicians: Queen Anne, Ballard, Factoria, Main, Providence, West Seattle
The PolyClinic
VA Puget Sound Health Care System, Seattle Division
Valley Medical Center: Covington
Seattle Physicians: Wallingford Family Medicine, Jefferson Park Family Medicine

Kitsap County
Peninsula Community Health Services, Bremerton
Tricare Region 11, Bremerton Naval Hospital

Kittitas County
CleElum Family Medicine
Kittitas Valley Primary Care Associates
Valley Clinic

Klickitat County
Klickitat Valley Health Services

Lewis County
Providence Health and Education Center, Chehalis

Mason County
Olympic Physicians/ Mason General Hospital
North Mason Medical Clinic
Shelton Family Medicine

Okanogan County
Family Health Centers

Pacific County
Ocean Beach Hospital and Medical Clinic

Pierce County
Community Health Centers, Tacoma
Franciscan Medical Group, Gig Harbor Medical Clinic
Northwest Physician Network
Puyallup Tribal Health Authority
SeaMar Community Health Centers, Tacoma
Tricare Region 11: Madigan Army Medical Center
VA Puget Sound Health Care System, American Lake

Skagit County
Samish Nation Health Service
SeaMar Community Health Centers, Mt. Vernon

Snohomish County
Cascade Family Medical Group
Providence Physicians Group
SeaMar Community Health Centers, Marysville
The Everett Clinic

Spokane County
Associated Family Physicians
Columbia Primary Care
Family Health Center
Physician Clinic of Spokane
Rockwood Clinic: all sites

Stevens County
NE Washington Health Programs
NE Washington Medical Group

Thurston County
Physicians of SW Washington: Dr. Gary Goin
Reinke Medical Group
Providence Rochester Family Medical Practice
SeaMar Community Health Centers, Olympia
St. Peter Family Practice

Walla Walla County
Yakima Valley Farmworkers, Walla Walla

Whatcom County
Family Care Network

Yakima County
Central WA Family Medicine
Cornerstone Medical Clinic
Yakima Valley Farmworkers Clinics: Grandview, Yakima

Washington Tribes
Lower Elwha Klallam Tribe
Puyallup Tribal Authority
Quinault Indian Nation
Samish Indian Nation
Snoqualmie Tribal Health Services

Chronic diseases cost health care industry billions each year - needlessly

Chronic conditions are now the leading cause of illness, disability, and death in the United States and account for 75 percent of total health care costs, according to the U.S. Centers for Disease Control and Prevention.

In Washington state:

- The percentage of adults with diabetes rose from 4 percent in 1994 to 6.6 percent in 2004
- Cardiovascular disease was responsible for nearly 4 out of 10 hospitalizations and more than one-third of all deaths in 2002. It is the leading cause of death in Washington.
- In 2003, nearly 1.4 million are at-risk for, or already have, diabetes. People with diabetes are at higher risk for heart disease, blindness, kidney failure, and amputations.
- Hospitalization charges for cardiovascular care amounted to more than $4.1 billion in 2002.
- Diabetes-related hospitalizations cost $1.1 billion in 2002.

Yet few medical practices manage their chronic disease patients to reduce the risk of complications and hospitalization.

Improving outcomes of chronic disease
WITH PROVEN RESULTS

Washington State
COLLABORATIVE Diabetes and Cardiovascular Disease

Proactive Collaborative improves care

The **Washington State Collaborative** is a proactive approach to managing chronic diseases. Clinical teams participating in the Collaborative get tools to make it easier to manage care for people with chronic diseases. At the same time, their patients become active participants in their own treatment plans, lowering risk factors and reducing complications.

More than 100 healthcare facilities across Washington have participated in one or more of the past four Washington State Collaboratives between 1999 and 2005. All have experienced improved care, healthier patients, and increased provider satisfaction.

Working together, improving lives

The Collaborative takes a **team approach** to quality improvement, rather than focusing only on the doctor-patient relationship.

Clinical teams consist of an average of three staff, including senior management.
The team commits to improving diabetes management or cardiovascular disease prevention.

Teams participate in three **intensive two-day learning sessions** held once each quarter, ending with an Outcomes Congress, where overall results of the year-long program are shared with the community.

About 30 clinical teams from throughout the state participate in each Collaborative.

Quality tools

- Free software program for electronic chronic disease management to track, manage, and coordinate patient care
- Access to experts in quality improvement, with a focus on cardiovascular disease and diabetes
- Access to financial assistance to jumpstart participation
- An established forum for sharing experiences and ideas with peers

To learn more -

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To enroll in the Collaborative:
www.qualishealth.org/wsc

The Washington State Collaborative is sponsored by the Washington State Department of Health and Qualis Health. The Collaborative is based on the nationally recognized chronic care model, designed by Improving Chronic Illness Care, a program of the Robert Wood Johnson Foundation.

Washington State Department of Health

improving chronic illness care

QUALIS HEALTH

Redesigning healthcare practices to help people lead healthier lives

Collaboratives 1, 2, and 3 focused on diabetes care. Treatment of diabetes-related complications – such as blindness, kidney disease, and amputations – consumes one out of seven healthcare dollars.

Collaborative 4 introduced a new track to address cardiovascular disease. Cardiovascular disease is the leading cause of disability and death in Washington and is a common complication among people with diabetes.

Today healthcare organizations in Washington are redesigning their practices and have reported these results in their patients with chronic diseases.

- Improved blood sugar levels
- Lower blood pressures
- Reduced cholesterol levels
- More tobacco users receiving tobacco cessation counseling
- More foot exams for people with diabetes
- People with chronic diseases empowered to manage their own health care
- Improved clinical staff and patient relationships

Collaborative results for 1999-2005

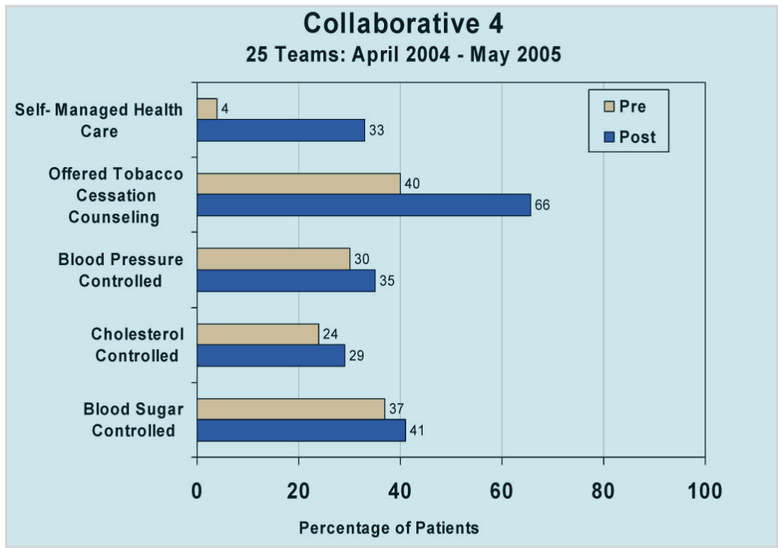
The chart at right shows results from Collaborative 4 which is representative of improvements seen in all Collaboratives.

Range of results - 4 Collaboratives

Foot exams
The number of foot exams increased 21 to 50 percent

Blood sugar
Blood sugar levels improved 2 to 12 percent

Blood pressure
Blood pressure levels improved 2 to 9 percent



Prescription for success for all Collaboratives -

A dramatic increase in the number of people with chronic illnesses now empowered to manage their own health care.